



# Health Department

201 E. Abram St., Seventh Floor, Suite 720  
Arlington, TX 76010  
817-459-6777



## Fees

Installation: .....\$200  
Repair:.....\$100

### Health Department Use Only

Receipt / Permit # \_\_\_\_\_ Amount Paid \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

## Application for On-Site Sewage Facility Permit

**ALL FIELDS MUST BE COMPLETED; PRINT MUST BE LEGIBLE.**

Address of Property: \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Property Owner: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(owner phone number)

Water Source: ☐ Private Well ☐ Public Water Supply

Residential: No. of Bedrooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

Non-Residential: Type of Business \_\_\_\_\_

Estimated Water Usage: \_\_\_\_\_ Gals/Day Average Number of Users/Day \_\_\_\_\_

Site Evaluator: Name \_\_\_\_\_

TNRCC# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Site Suitable: \_\_\_\_\_ Y or \_\_\_\_\_ N Soil Class \_\_\_\_\_ Type of System \_\_\_\_\_

**Attach a copy of the site evaluation and site plan with this application.**

Installer: Name \_\_\_\_\_

TNRCC# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

\* A permit is required in order to install, construct, alter, extend, repair or operate any on-site sewage facility.

- No permit for installation or repair will be issued for a facility that is within 500 ft of Sanitary Sewer Service without permission from both the Health Department and Engineering Services Department.
- The Health Department must review and approve the site plan before the work begins. A signed copy of this application will be returned to the owner to authorize the construction or repair of the system.

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_